

# Australia: Enngonia indigenous community faces desperate situation as COVID-19 spreads to western New South Wales

**Our reporters**  
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The spread of the COVID-19 pandemic into more remote regions of Australia reveals the criminal neglect of both state and federal governments toward regional centres, and, in particular, remote indigenous communities.

These communities confront an ongoing crisis, including substandard living conditions, poor access to healthcare and basic essentials, and especially to affordable food.

Australian governments have abandoned any responsibility for the appalling situation in these regions, and for the accelerating spread of the pandemic within them. This is sharply exposed in Enngonia, a small community in far northwestern New South Wales (NSW), where residents are desperately trying to survive with only limited food and medical supplies since COVID-19 lockdowns were imposed.

The concerns of the community have fallen on deaf ears. This has prompted relatives, who reside hundreds of kilometres away, to attempt to coordinate access to food and medicine and demanding government authorities act.

The *World Socialist Web Site* spoke to the Eulo family—Ebony, Kiara and Phillip Eulo—who live 700 kms (435 miles) southeast, in Maitland in the Hunter Valley. They have attempted to break the isolation the communities face and to make the extent of the crisis known, by appealing for resources—via a ‘Go Fund Me’ page—to raise funds for food for the community.

The WSWS spoke to Ebony, Kiara and Phillip Eulo, about the crisis in Enngonia.

“We got word a couple of weeks ago [the last week of August] to say that Auntie Judy had been taken into Dubbo hospital because she tested positive to COVID. This alarmed us, as we were hoping this virus never would get out to the western area of NSW,” Ebony said.

Currently there are 25 people infected in a town of approximately 149 people. The prevalence of the virus in Enngonia is higher than in the larger far western NSW town of Wilcannia, one of the first remote regional towns to see infections from this latest wave, which originated in Sydney in July.

“We received phone calls from other family members who were in distress. They didn’t understand what was happening, because there was a need to isolate the town and go into lockdown, but it would have been really scary for this community. On top of this, when you’re told to go into lockdown, and you’re 100 kilometres away from the place where you need to go shopping for food and get medical supplies, you now can’t do that,” Ebony said.

Enngonia has no supermarket and the local pub supplies basic groceries at inflated prices: a litre of milk is \$4.00, a loaf of bread \$6.00. This forces many to travel to Bourke, 100 kms away, to shop where prices are cheaper. There are limited motor vehicles in the town, however, and there

is no public transport between Enngonia and Bourke. Moreover, community health services are very limited, requiring travel to Bourke for healthcare. A doctor travels from Bourke once a fortnight to treat those residents who need care. There is no post office, no bank and no fuel stations.

Ebony went on to describe the seriousness of the situation. She was receiving phone calls from Enngonia relatives, who were in distress about the fact that no food was available, under conditions of the lockdown orders.

“I thought this was just not good enough and I took it upon myself to write emails to the local mayor and also to the member of parliament in the region. I also sent emails to Woolworths and Coles [supermarkets in Bourke] to find out how to organise a donation or a drop of food out there, or anything like that. I set up a messenger group on Facebook, with community members out there and elders and members elsewhere from the community.”

Ebony asked the community what it needed, considering the urgency of the situation in the absence of any government help, and if they were interested in a Go Fund Me page.

“We’ve got to get food out there somehow. That is what we usually do when we go out there but this is not allowed due to the current COVID [lockdown] restrictions. So I put it out there, and they were all for it, so we wrote a blurb together and accepted it and put the Go Fund Me page out to the wider world,” she said.

The response to the page has been overwhelming. The initial of goal \$1,000 was quickly exceeded, Ebony increased it to \$5,000 and it is currently over \$10,000, a clear measure of the significant concern for the community.

One comment posted reads, “I am donating because I am appalled by the lack of care our governments have shown to outback, remote and indigenous communities. They have allowed COVID to spread to our most vulnerable. Shame. Shame. Shame.”

The family, however, ran into trouble when local police saw the page and decided that the request for funds was “fraudulent.” The police also told the family that they could not bring food into the community while it was in lockdown. The police just outside Enngonia also prevented food being provided, they asserted, to contain the infection’s spread.

“I found out the copper’s name and rang him,” Ebony explained. “He said, ‘I’ve looked into it [and] I don’t think it’s fraudulent but there’s no way you’re going to be coming out here to bring food.’ The other option was to set up accounts with vouchers at IGA [supermarket] where there is not a lot of food. Even last week the Bourke IGA was closed due to COVID.”

Philip Eulo said, “We got this money from Go Fund Me. You’d be very surprised at the number of people that chipped in, and we have the money

sitting there and we want to know how we get the food out there and everywhere we went we got pushed back.”

The food hampers that eventually came into the town, however, were woefully insufficient.

“The hampers that they are supplying have things like green tea and Chai latte, dry biscuits and tins of tuna; food that our mob doesn’t eat and no fresh meat,” Ebony said. “The only fresh vegetables available, we were told, were four potatoes and two carrots for a family of two adults and five kids, so there wasn’t enough food.

“I phoned the local council and the woman there had told me they were pantry boxes, and they were to last one person for two weeks. The distribution of this food, therefore, was dependent on the number of people in your house. But no one in the community has said they’ve received more than one box. They’ve been getting one box per house, not one box per person.”

“There was another drop-off of food at this time, which included sausages and mince. No one was told about it and so the dogs got to the meat. There was no communication the food had arrived. They didn’t even beep the car horn or call beforehand. Another example of poor communication in the community.”

“Access to medication, for Enngonia residents with chronic health conditions has been a bigger challenge and a further indication of the neglect we face. There is no pharmacy in Enngonia and medications have to be sourced from Bourke.”

Philip told the WSWS, “My brother Dudley rang up about his meds as he hadn’t had his medication for three or four days and neither had his wife. They needed diabetes and heart medication.”

Numerous calls were made to the Aboriginal Medical Service (AMS) in the region, the Bourke hospital, including appeals to NSW Health workers in Enngonia, doing COVID testing in the community, who were attending the town daily, to rectify the problem. “Eventually medication arrived, after we did all this ringing around about five days later,” Philip said.

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication in epub format of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the *World Socialist Web Site’s* coverage of this global crisis.

AMS has kept information from Enngonia residents, treating them like children, Ebony said. “These are full-grown adults, with families and children and their own homes. They should be well informed, and have this information, exactly like the rest of Australia has this information, regarding resources and support. But this little community has been completely cut off,” she added.

State and federal governments have essentially left regional indigenous communities to fend for themselves, while police enforce lockdowns. The lack of preparation exposes government claims that the vaccination of indigenous communities was a priority. This neglect disregards the well-documented high prevalence of co-morbidities in the indigenous population, rendering them more vulnerable to hospitalisation and death, due to the virus.

Last week Wendy Spencer, Dharriwaa Elders Group CEO told a NSW parliamentary inquiry that the government’s lack of engagement with Aboriginal health services was “shocking.”

“We can’t really understand why police and the army are the ones that are resourced to be responding to a public health emergency, and it leads to potentially really disastrous consequences down the track.” Law and order policies have been used to contain the problem. Spencer told the inquiry, “People being issued with huge public health order fines for example.”

Dr. Peter Malouf, Executive Director of Operations, Aboriginal Health and Medical Research Council of NSW, told the hearing that there had not been a meeting between state health authorities and Aboriginal

community health services to discuss public health responses and restrictions.

The lack of vaccination planning in the community further exposes the callous neglect of the state government. This is particularly notable when governments fraudulently suggest that vaccines are the only answer to the pandemic, while demanding the economy be rapidly reopened and profits maintained.

Kiara Eulo told the WSWS that vaccination only began in Enngonia after Ebony started making calls. “This is really disappointing, considering they should have been out there in February this year,” she said.

The most recent death in the region was an elder from Enngonia, Kiara continued. “This should never have happened. We were last out there in July. Everyone was fighting fit. With the national vaccination roll-out plan we were meant to be one of the first, and this did not happen. This was supposed to happen in February this year.”

Overcrowding in indigenous communities, due to limited and poor housing conditions, significantly increases spread of the virus. Pat Turner, National Aboriginal Community Controlled Health Organisation chief told the *Australian* last week: “What we are seeing in western NSW is a crisis within a crisis.” Turner warned governments in March that once the pandemic reached these regional communities “it will hit us like a wildfire.”

“Aboriginal people have been bearing the brunt of overcrowded housing for decades. The Commonwealth has essentially wiped its hands of responsibility, and the federal-state partnerships that have been struck, well, there’s not enough accountability to the people,” she said.

The COVID crisis has further exposed the federal government’s “Closing the Gap” policy, that supposedly aims to reduce inequality between indigenous and non-indigenous Australians. These include “priority areas,” such as early childhood, schooling, health and healthy homes. This program has done nothing to prevent the dangerous social conditions which help feed transmission of the deadly disease.

Australian governments, Labor and Liberal alike, provide billions for the military and war, directing money away from public health and other vital services, while boosting private, for-profit health care.

The coronavirus pandemic is exposing an economic system in breakdown. The catastrophic situation in Enngonia is a sharp manifestation of that facing working class and poor communities in Australia and globally.

The Socialist Equality Party calls for the formation of rank-and-file committees, in workplaces and communities, to combat the pandemic and governments that place profits over human life. The alternative is the unity of the working class internationally, for the socialist and scientific planning of society, which includes universal access to health care, housing and food, and the international eradication of COVID-19.



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